

REPRINT ORDER (RPR-ADD)

(Order Mechanism)

NAME OF PUBLISHER: _____

ORDER NO: _____ EFF DATE: _____ CAN: _____ OC: 26.88REQUESTER: _____ TEL: _____ REF: _____
(Printed name) (Abbrev. Journal Title & ID No. - Use up to 25 charactrs)

REQUESTER SIGNATURE: _____ DATE PREPARED: _____

EIN: _____

SHIP TO: _____ BLDG: _____ ROOM: _____
(Name of person receiving service)

RQN BLDG: _____ ROOM: _____ INST: _____

SF37: _____ FOR: _____ BLDG: _____ ROOM: _____
(Supplied by OAM) (Div./Lab or Branch Initials)FOB: _____ DLV DATE: _____ DISC TERMS: _____ CLAUSE: _____
(O-Origin) (90 days from date) (Leave Blank)REMARKS: Reprints w/o Covers
(Also include abbreviated reprint title and sr. author)ITEM #: 1 LAST ITEM? N QTY: 1 UNIT: lot UPRICE: _____
(y=yes, n=no)DESC: Reprints, lot =
(Lot - total no. of reprints ordered) NOTE: \$500 maximum limitations on this item.ITEM #: 2 LAST ITEM? _____ QTY: 1 UNIT: lot UPRICE: _____
(y=yes, n=no) (No. of pages)DESC: page charge
Note: \$1,000 maximum limitation on lines 2 - 4.ITEM #: 3 LAST ITEM? _____ QTY: _____ UNIT: pg UPRICE: _____
(y=yes, n=no)

DESC: _____

ITEM #: 3 LAST ITEM? _____ QTY: _____ UNIT: _____ UPRICE: _____
(y=yes, n=no)DESC: _____
*MANUSCRIPT APPROVAL NO. AND DATE _____ORDER MECHANISM ☐ Reprints/Publication Cost ☐ APR ☐ RQM

MANDATORY SOURCE AVAILABILITY

ARE THE ITEMS ORDERED AVAILABLE FROM THESE SOURCES?

Yes	No		Yes	No		Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	1. NIH Surplus	<input type="checkbox"/>	<input type="checkbox"/>	3. Blind/Severely Handicapped	<input type="checkbox"/>	<input type="checkbox"/>	5. FEDERAL Supply Schedules
<input type="checkbox"/>	<input type="checkbox"/>	2. UNICOR	<input type="checkbox"/>	<input type="checkbox"/>	4. NIH or GSA Stock (catalog or store)	<input type="checkbox"/>	<input type="checkbox"/>	6. OPEN-MARKET Suppliers

☐ Date ordered: ☐ Date sent to
Central Procurement

INSTITUTE PURCHASING AGENT